



Temporary Body Art Event License Application

Section 1: Applicant

1. Applicant's name _____
2. Current address _____ Phone (_____) _____
3. Date of birth _____ Height _____ Weight _____ Color of hair _____ Color of eyes _____
4. Current employer _____

Section 2: History

- 5 Address(es) at which you have lived during the preceding five years.

6. Has applicant ever been convicted of any felony, crime or violation of any ordinance other than a petty misdemeanor? Yes No If yes, state the date, nature and location of the conviction(s):

7. Has applicant ever used or been known by a name other than the applicant's name?
 Yes No If yes, list the name(s) and information concerning dates and places where said name(s) were used:

Section 3: Event

8. Where will the licensed event take place?

Name _____

Address _____

9. During which dates will the event take place (cannot exceed four (4) consecutive days):

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City Clerk Division

Licensing Section
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10. How many body art booths/stations will be operational at the event? _____
11. Names of body art technicians who will be working the event.
Each individual must complete a Body Art Technician application.
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12. Names, addresses, and phone numbers of persons in charge of the event
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13. Submit proof of liability coverage of one million dollars (\$1,000,000) has been obtained to cover the event or that each technician has procured insurance to cover their operations at the event for professional liability in the practice of body art.
NOTE: Pursuant to Bloomington City Code, the Chief of Police must approve security measures for the event. Additionally, Environmental Health Services must review and approve the health and sanitation measures for the event and will inspect each vendor space at the event.

Notice and notarized signature

The data on this form will be used to approve your license. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

I have received from the City of Bloomington a copy of the *Body Art Ordinance, Chapter 14* of the *City Code*, and will familiarize myself with their provisions. I understand that a criminal conviction will not bar me from obtaining a license unless the conviction is directly related to the occupation for which the license is sought and there is no showing of sufficient rehabilitation and preset fitness to perform the duties of occupation (*Minnesota Statute 364.03*). I understand that falsification of the application, including failure to reveal a criminal conviction, constitutes grounds for denial of the license. The information I have provided on this application is truthful. I authorize the City of Bloomington to investigate the information and contact persons/organizations named on this application.

X _____
Applicant signature

Subscribed and sworn to before me, a
Notary Public, on this _____ day
of _____, 20 _____.
Commission expires on _____.

Notary signature